

PTO/SB/01 (05-03)
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| | | |
|---|------------------------|-------------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted With Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | 16970US01 |
| | First Named Inventor | David A. Horsnell |
| | COMPLETE IF KNOWN | |
| | Application Number | 10/550,807 |
| | Filing Date | 09/23/2005 |
| | Art Unit | |
| Examiner Name | | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD

the specification of which (Title of the invention)

☐ is attached hereto
 OR
☒ was filed on (MM/DD/YYYY) **March 25, 2004** as United States Application Number or PCT International Application Number **PCT/GB2004/001377** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------------|----------------------------------|--------------------------|--------------------------|-------------------------------------|
| | | | | YES | NO |
| 0308788.1 | Great Britain | March 26, 2003 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 4]

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PTO/SB/01 (08-05)
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DECLARATION — Utility or Design Patent Application

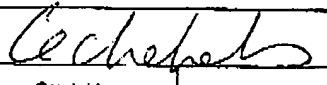

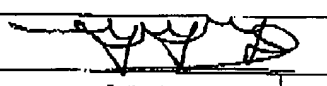
| | | | |
|---|---------------------------|---|------------------------------|
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 23446 OR <input type="checkbox"/> Correspondence address below | | | |
| Name Kirk A. Vander Loest McAndrews, Held & Malloy | | | |
| Address 500 West Madison Street, Suite 3400 | | | |
| City Chicago | State IL | ZIP 60661 | |
| Country USA | Telephone 312-775-8000 | Fax 312-775-8100 | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application of any patent issued thereon. | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) David Andrew | | Family Name or Surname HORSNELL | |
| Inventor's Signature <i>[Signature]</i> | | Date 12/3/06 | |
| Residence: City Cambridge | State | Country United Kingdom | Citizenship Great Britain |
| Mailing Address 3 Peme Road | | | |
| City Cambridge | State | Zip CB1 3RX | Country United Kingdom |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) Matthew Brian | | Family Name or Surname TOMLIN | |
| Inventor's Signature <i>[Signature]</i> | | Date 9/3/06 | |
| Residence: City Cambridge | State | Country United Kingdom | Citizenship Great Britain |
| Mailing Address 171 Church Street, Stapleford | | | |
| City Cambridge | State | Zip CB2 5DS | Country United Kingdom |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the two supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | |

[Page 2 of 4]

PTO/SB/02A (08-03)
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| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet |
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Page 3 of 4

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|--|-----------|---|------------------------|
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Ammar | | LECHEHEB | |
| Inventor's Signature  | | Date 9 Nov 06 | |
| Residence: City | Cambridge | State | Country United Kingdom |
| Citizenship Great Britain | | | |
| Mailing Address 3 The Paddock | | | |
| Mailing Address Harston | | | |
| City | Cambridge | State | ZIP CB2 5PR |
| Country United Kingdom | | | |
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Oliver John | | PRIME | |
| Inventor's Signature  | | Date 9/3/06 | |
| Residence: City | Cambridge | State | Country United Kingdom |
| Citizenship Great Britain | | | |
| Mailing Address 5 Lingholme Close | | | |
| Mailing Address | | | |
| City | Cambridge | State | Zip CB4 3HW |
| Country United Kingdom | | | |
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Michael James | | FOX | |
| Inventor's Signature  | | Date 9/03/06 | |
| Residence: City | Rutland | State | Country United Kingdom |
| Citizenship Great Britain | | | |
| Mailing Address Silverstones, Church Lane | | | |
| Mailing Address Seaton | | | |
| City | Rutland | State | Zip LE15 9HR |
| Country United Kingdom | | | |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Page 4 of 4

| | | | |
|---|-----------|---|----------------|
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Christopher Michael | | BATES | |
| Inventor's Signature <i>C. Bates</i> | | Date <i>20 Feb '06</i> | |
| Residence: City | Northants | State | Country |
| | | | United Kingdom |
| Mailing Address | | Citizenship | |
| 2 Malvern Close | | Great Britain | |
| Mailing Address Boughton Spinney, Kettering | | | |
| City | Northants | State | Country |
| | | | United Kingdom |
| ZIP | NN15 9JP | | |
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| | | | |
| Residence: City | | State | Country |
| | | | |
| Mailing Address | | Citizenship | |
| | | | |
| Mailing Address | | | |
| City | | State | Country |
| | | | |
| ZIP | | | |
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| | | | |
| Residence: City | | State | Country |
| | | | |
| Mailing Address | | Citizenship | |
| | | | |
| Mailing Address | | | |
| City | | State | Country |
| | | | |
| ZIP | | | |

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| | | |
|---|-------------------------------|--------------------|
| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | 10/550,807 |
| | Filing Date | September 23, 2005 |
| | First Named Inventor | David A. Horsnell |
| | Title | Method |
| | Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | 16970US01 |

I hereby appoint:

☒ Practitioners associated with the Customer

Number:

23446

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with Customer Number:

OR


| | | | | | |
|---|---|-------|----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Kirk A. Vander Leest McAndrews Held & Malloy, Ltd. | | | | |
| Address | 500 West Madison Street | | | | |
| Address | 34 th Floor | | | | |
| City | Chicago | State | IL | ZIP | 60661 |
| Country | USA | | | | |
| Telephone | (312) 775-8000 | Fax | (312) 775-8100 | | |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|----------|
| Signature |  | Date | 9 Mar 06 |
| Name | Ammar Lecheheb | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of six form is submitted.

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| | Filing Date | September 23, 2005 |
| | First Named Inventor | David A. Horsnell |
| | Title | Method |
| | Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | 18970US01 |

I hereby appoint:

☒ Practitioners associated with the Customer Number: 23446

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR


| | | | | | |
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| <input checked="" type="checkbox"/> Firm or Individual Name | Kirk A. Vander Loest McAndrews Held & Malloy, Ltd. | | | | |
| Address | 500 West Madison Street | | | | |
| Address | 34 th Floor | | | | |
| City | Chicago | State | IL | ZIP | 60661 |
| Country | USA | | | | |
| Telephone | (312) 775-8000 | Fax | (312) 775-8100 | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|--------|
| Signature |  | Date | 9/3/06 |
| Name | Oliver John Prime | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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| | First Named Inventor | David A. Horsnell |
| | Title | Method |
| | Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | 16970US01 |

I hereby appoint:

☒ Practitioners associated with the Customer
Number:

23446

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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☐ The address associated with Customer Number:

OR


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|--|---|-------|----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Kirk A. Vander Leest McAndrews Held & Malloy, Ltd. | | | | |
| Address | 500 West Madison Street | | | | |
| Address | 34 th Floor | | | | |
| City | Chicago | State | IL | ZIP | 60661 |
| Country | USA | | | | |
| Telephone | (312) 775-8000 | Fax | (312) 775-8100 | | |

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|--------|
| Signature |  | Date | 9/3/06 |
| Name | Matthew Brian Tomlin | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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| | First Named Inventor | David A. Horsnell |
| | Title | Method |
| | Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | 16970US01 |

I hereby appoint:

☒ Practitioners associated with the Customer Number: 23446

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

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OR

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|---|---|-------|----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Kirk A. Vander Leest McAndrews Held & Malloy, Ltd. | | | | |
| Address | 500 West Madison Street | | | | |
| Address | 34 th Floor | | | | |
| City | Chicago | State | IL | ZIP | 60661 |
| Country | USA | | | | |
| Telephone | (312) 775-8000 | Fax | (312) 775-8100 | | |


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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|----------|
| Signature |  | Date | 09/03/06 |
| Name | Michael James Fox | Telephone | |
| Title and Company | | | |

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| | Title | Method |
| | Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | 16970US01 |

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☒ Practitioners associated with the Customer Number:

23446

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| <input checked="" type="checkbox"/> Firm or Individual Name | Kirk A. Vander Leest McAndrews Held & Malloy, Ltd. | | | | |
| Address | 500 West Madison Street | | | | |
| Address | 34 th Floor | | | | |
| City | Chicago | State | IL | ZIP | 60661 |
| Country | USA | | | | |
| Telephone | (312) 775-8000 | Fax | (312) 775-8100 | | |

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|--------------------------|-----------|---------|
| Signature | <i>David A. Horsnell</i> | Date | 12/3/06 |
| Name | David Andrew Horsnell | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of six forms are submitted.

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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | 10/550,807 |
| | Filing Date | September 23, 2005 |
| | First Named Inventor | David A. Horsnell |
| | Title | Method |
| | Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | 16970US01 |

I hereby appoint:

☒ Practitioners associated with the Customer Number: 23446

OR

☐ Practitioner(s) named below.

| Name | Registration Number |
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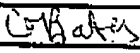
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|------------|
| Signature |  | Date | 20 Feb '06 |
| Name | Christopher Michael Bates | Telephone | |
| Title and Company | | | |

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